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OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is		,
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred lo a hospifal or institution. give its NAME instead of streef and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED, (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attanded deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day ......hrs. OR ..... 7 SOCCUPATION (a) Trade, profession, or perticular kind of work. (b) General neture of industry. business, or establishment in which employed (or employer) ..... State or country) Secondary (Doraflon) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) Where was disease contracted usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS Filed.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations who receive a definite salary), may be entered as additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglits"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 1101 County Celliquing	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Mosermy (No	St.; Ward)  [If death occurred in a hospital or institution, give its WAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY. That I attended deceased from
6 DATE OF BIRTH March 8 109 (Year)	that I last saw hamalive on Feb 1472, 1914,
7 AGE   11 LESS than 1 day,hrs. ORmio. ?	and that death occurred on the date stated above, at 6-25-6 - m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, prefession, er particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Central Meningely,  Sportalic case  (Duration) yrs. mos. 2- ds.
10 NAME OF FATHER Harry Brancing	Contributory (Secondary)  (Daretion) yrs mes ds.  (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Care	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted,
Informant)	If not at place of death?  Former or  usual residence.
16 Filed 26 16 1914 for Bulled ( REGISTRAR	20 UNDERTAKER ACTIONS  20 UNDERTAKER ACTIONS
If more blanks are needed, address State Registrar	

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust;; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. minc, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichae ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras genltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:



V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every Item CAUSE OF

VIIIage or City Combulated (No. 1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  Rolling Millst (Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temalo White (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended descared from
DATE OF BIRTH	Jan 1912, to fleda 45 th, 1914
(Month) (Day (Year)	that I last saw he alive on Fet 4 th 1914
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Pulmonay luterentos
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER LEVELS	(Signed) C L Cree , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
2 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTA, OR RECENT REGIOENTA)  At place In the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Rolling Malley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FEB 8 1914 A Family	20 UNDERTAKER ADDRESS
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." scpsis, tetanus) may be stated under the head cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
CAPL 1100	CERTIFICATE OF DEATH
County Allyany	Registered No. 2
ml + t	
Village or City thinks lone (No.	St; Ward) [it death occurred is a hospital or institution
e sid	give its NAME instead of street and number.]
2 FULL NAME Conous Made	Solomfield District and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acorde De Bace Single	16 DATE OF DEATH
MARRIED, WIDOWED DESIGLE	(Month) (Day) (Year)
male While (Write the word)	17 1 HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	tick of 1914, to Fish 9th , 1914
Defit 4 , 1903	that I last saw harm alive on Hel 9th 1914
AGE (Month) (Day) (Year)  AGE	and that death occurred on the date stated above, at 7,30 Pm
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. O mos. O ds. OR min. ??	Immediate Mitral insufficiency
8 OCCUPATION	Induced by Searlet Files
(a) Trade, profession, or particular kind of work	John Charles and John C
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrsmos. 2
BIRTHPLACE (State or country)	(Secondary)
(state or country) Allegany md	(Ouration) yrs mos d
10 NAME OF FATHER / PH 2 20	(Signed) CAP Truisis M.
Genery G. Dollowfield	200 + +
T II BIRTHPLACE OF FATHER (State or country)	
W Charles	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
MAIOEN NAME OF MOTHER ASSAULT Reveals Refinette	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the
(State or country) Allegans, And	At place In the of death yrs mos ds. State yrs, mos d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
Ac B. B. H. L. C.	Former or
(Informant) Squares 13 february golden	usoai residence
(Address) thintstone on of	19 PLACE OF BURIAL OR REMOVAL DATE/OF BURIAL
15 0	Ad Fellows Ceretery Ill 1914
Filed tel 10 1914 Al Servett	20 UNDERTAKER A. II ADDRESS
REGISTRAR	John & Tolford Genebraland
If more blanks are needed, address State Begistry	ar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement duties of the household only (not paid Housekeepers material worked on may form part of the second eases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state oecupation at beginning of illheen changed or given up on account of the DISEASE Serrunt. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. As examples: the nature of the husiness or Industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons "Foreman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease are entered term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "(Toup)"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologis of lungs, meninges, peritonaeum, etc.. Carcinologis ("English of lungs, meninges, peritonaeum, etc...

childbirth or miscarriage, as "PUERPERAL septichaeample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify an mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. S. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



V. S. No. 1.

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RECORD A PERMANENT stated EXACTLY. cerefully supplied. AGE should be sit that it may be properly classified. UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important. S

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very of information should be esrefully su DEATH in plain terms, so that it m. See instructions on back of certificate. 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Brooks. Ward) [It design occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 71 28 (Month) (Day (Year)
that I last saw here alive on File 2 8 1914.
and that death occurred on the date stated above, at 7 2 m. The CAUSE OF DEATH* was as follows:  Dalvaly disease of That
(Duration) yrs ( mos. ds.  Contributory Cell Cell Secondary
(Signed)
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTA)  At place in the ot death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, it not at place of death?
Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  AL Peles Paulo  20 UNDERTAKER  ADDRESS  Louis Stein Eumbod Hd

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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SICIANS should OCCUPATION IS PHYSICIANS statement PERMANENT classified. be UNFADING may 0 back plain instructions ٥ WRITE 50 E'S CAUSE OF z

Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death accurred la a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S BINGLE. MARRIED. Married (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended decaseed from (Month) (Day (Year) TAGE it LESS than and that death occurred on the data stated above, a 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which amployed (or amployer) Contributory Watral stancise, wastie reserve tate State or country) Secondary lardine supportrophy, arteriordeles (Doration) 10 NAME OF ARENTS 11 BIRTHPLACE 9 ,1914 (Address) 15/X- Center St OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULCIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ \_\_ ds. State ..... yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. If not at place of death?.. Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 14

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, pertionaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



RECORD PERMANENT EXACTLY. ciassi Shou properly AGI supplied. 200 O may Z UNE that 80 should PLAINLY plain Information = I WRITE ō E OF Item

1 PLACE OF DEATH PHYSICIANS shou <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SFX 4 COLOR OR RACE MARRIED, WIDOWEO. ORGIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE 1 day,.....hrs. OR .... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ...... certificate. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed ō 11 BIRTHPLACE ARENT (State or country) 12 MAIDEN NAME OF MOTHER Instructions 18 LENGTH OF RESIDENCE FOR HOSPITALE 13 BIRTHPLACE OF MOTHER (State or country See Ins Where was disease contracted. If not at place of death? Former or usual residence Every Item CAUSE OF Important. Filed. 03 REGISTRAR ż If more blanks are needed, address State Registrar, & Franklin St., Balto., Requesting V. S. No. 1

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred ina hospital or Institution.

give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: (Duration) Contributory (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

TAL, SUICIDAL, OF HOMICIDAL.

OR RECENT RESIDENTS)				
At place of death yrs mos	ds.	In the State	yrs,	mos ds

DATE OF BURIAL

ADDRESS



(Approved by U. S. Census and American Public Health Association.)

amaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puenperal septichaeample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis pant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg "Contributory." genital," mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) "Senife," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:



UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION IS VERY

Exact statement

RECORD

PERMANENT stated EXACTLY.

PLAINLY, WITH

WRITE

CAUSE OF important.

m z,

STATE OF MARYLAND CERTIFICATE OF DEATH

			V
Registration	Dist.	No	8

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White be word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HERESY-CERTIFY, That I attended deceased from
Month (Day (Year)	#15 10 1914, to Fr 20 1914, 1914, that I last saw hamalive on Fr 20 1914
7 AGE  1 LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, st. 5m, The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work.	Capillary Bronchites
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos / ds.
9 BIRTHPLACE (State or country) (mooning And	Secondary (Buration) we man de
10 NAME OF John F. Bynn	(Signed) Describing M. D.
V 11 BIRTHPLACE OF FATHER (State or country)  Many Curl	*State the DISEASE CAUSING DEATH, by, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER Clard Mills,	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Many Count	At place In the of death yrs mos ds. State yrs mos ds
(loformant) The Best of My KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Linacing	If Mary's Christing Hot 23 1914
Filed 2 22, 191 + f Dellode	20 UNDERTAKER APPRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," important. "Exhaustion," Never report



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING V. S. No. 1.

N. B.

PLACE OF DEATH 1108	STATE OF MARYLAND CERTIFICATE OF DEATH
County Allegacy	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cumberland (No 5100	Grace St.; Ward) [If death occurred le
0.0- 25	give ite NAME Instant
FULL NAME alice .U.	Campbell of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Colored (Write the word)	16 DATE OF DEATH Jell 27 20 , 1914 (Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
1879	1913 to Fell 22 1914
(Month) (Day (Year)	that I last saw h Malive on Ill 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 3-1/10/, m.
35 - 1 day,hrs. OR	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Must milling sill-
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in	(50-50-)
which employed (or employer)	(Ouration) yrs 2 mos / 7 ds.
State or country) W. Vq.	Contributory Secondary (Duration) yrs mos / 7 ds.
10 NAME OF RINKEWOUR	(Signed) Spurgely Sparse, H. D.
M 11 BIRTHPLACE	Feli 23, 39 Li (Address) Child See Ruck
11 BIRTHPLAGE OF FATHER (State of country)  12 Maintenance OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Josep Campbell	Former or
510 9000	Usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
F.E.B.24.1914. + Sabernecky	20 UNDERTAKER ADDRESS
FIRED REGISTRAR	Louis Stews City
If more blanks are needed address State Post	



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrbage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaemere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. State cause for Measles "Senile," etc.), (Recommendations on statement of (disease causing terminal conditions, such as "As-"Dropsy," "Exhaustion," death), 29 ds.; For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 8 1914
BURBAU.V.S.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. material worked on may form part of the second who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question (d)

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cause of death approved by Committee on Nomenclasepsis, tetanus)
"Contributory." ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_\_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," .... (name origin; "Can-The nature of the cause for d8.;



PERMANENT 10 Instructions ٥ DEAT ō POF mportant. Every It

13 BIRTHPLACE OF MOTHER (State or country)

15

m

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, Wichowell (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at/ 1 day,....hrs. The CAUSE OF DEATH \* was OR ..... min. ? 6 OCCUPATION (a) Trade, protession, or parficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL.

ELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

At place of deathyrs mos ds. Where was disease contracted, If nof at place of death? Former or usual residence	******************	*************************	mos.	C
19 PLACE OF BURIAL OR REMOVA		ATE OF I	BURIAL	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for



S. No. 1.

se carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS N. B.—Every item of information should be csrefuily su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate. WRITE PLAINLY, WITH

STATE OF MARYLAND CERTIFICATE OF DEATH

 	 -	

Registration Dist. No.

1 PLACE OF DEATH

2 FULL NAME: Frank Com	low formula st.; Ward)  [If death occurred is a hospital or lostitution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED Married (Write the word)  6 DATE OF BIRTH  WELLOWN, 1857	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY. That I strended deceased from 191 2 to 191 4.
7 AGE (Month) (Day (Year)  7 AGE If LESS than 1 day, hrs. 0R min.?	snd that desth occurred on the date stated above, at 454 m. The GAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, bosiness, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Grome Interstitual Mephretse
10 NAME OF FATHER Sumonthy Conton  11 BIRTHPLACE OF FATHER (State or country) I cland,  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  3/2005/10.20	at place of death former of the substitutions of th
15 Filet 17 1914 Dell Courage	19 PLAGE OF BURIALOR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS,

If more blanks are needed, address State Registrap, 6 E. Franklin St., Balto.; Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the misease causing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

genital," nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can eause of death approved by Committee on Nomencla-LENT NEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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Every item CAUSE OF Important.

PHYSICIANS jo Exact statement PERMANENT classified. properly pe UNFADING Ilddns may certificate. that 20 ō WITH on back piain terms. pinous Instructions information = DEATH

(a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

OF FATHER (State or country)

ARENTS

15

(b) General nature of industry,

business, or establishment in

which employed (or employer) .....

Very pinous OCCUPATION IS

ward) a hospital or insti					of DEATH	
PERSONAL	AND STATISTIC	CAL PARTICULA	RS	MED	ICAL CERTIFICATE	OF DEATH
Male C	color or race	SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WO	( Idamed	16 DATE OF DEATH	(Month) REBY CERTIFY, That	28 ,1914 (Day (Year)
6 DATE OF BIRTH	(Month)	(Day	, 1878	Feb 24	1917, to Se	- 28 1917 - 26 1915
7 AGE	/ 2 yrs	mos	If LESS than 1 day,hrs. ORmin.?		TH* was as follows:	

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

OR RECENT RESIDENTS) Af place In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs.

Where was disease contracted. if not at place of death?

Former or

Secondary

PLAGE OF BURIAL OR RE	MOVAL DATE OF BURIAL
Summer	Vew Mas 3, 191
20 HAREDTAND	//

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

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RECORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No fit death occurred in a hospital or institution. give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED (Month) ORDIVORCED (Write the word) (Dav I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1835 (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at. 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) 20 vrs which employed (or employer) 9 BIRTHPLACE (State or country) FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_ mos. ... Where was disease contracted, OF MY KNOWLEDGE It not at place of death? Former or usual residence 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

WRITE

OF Every Item CAUSE OF Important.



[Approved by U. S. Census and American Public Health Association.]

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OCCUPATION RECORD PERMANENT prope UNFADING suppl 10 ions pla instruct EAT 2 0 Important. Every

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Mustin Registration Dist. No. Ilf death occurred la ...Ward) Village or City a hospital or Institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 6 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Year) (Month) (Day ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) (I tay TAGE If LESS than and that death occurred on the date stated above, at f day .....hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs \_\_\_\_ mos , ..... ds Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or (Interment) usual residence 19 PLACE OF BURIAL OR DATE OF BURIAL (Address)..... 15 20 UNBERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.



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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH  County Aufer (No. St.; Ward)  FULL NAME August Factor August Samuer Carter and number.]					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
MALL Holder or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)				
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from				
(Month) (Day (Year)	that I lest saw h				
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 7 /5 m,				
yrs	The CAUSE OF DEATH* was as follows: Accidental-				
BOCCUPATION (	The parties alleging Cates in paper				
(a) Trade, profession, or open fund which exam	much Tile of of natural proition when				
(b) General nature of industry, business, or establishment in which employed (or employer)  AM JA Pulpy Psper Co-	Juste girles luting for the form of former of the former o				
9 BIRTHPLACE (State or country) / Texturesort - Md -	Contributory Secondary  (Duration) yrs mos ds,				
10 NAME OF FATHER Aguilor Day In	(Signed) ATD Milliand M. D.				
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENT				
12 MAIDEN NAME OF MOTHER Aula Paracett	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA,				
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?				
(interment) A rither blay Ton	Former or				
Max. L. 6 W.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL				
(Address) July Lungary - MA-	2/21 / / 1/ Il Il Il - 1				
Flied Tisk 28, 1914 AMBlaugh	20 UNDERTAKEN ADDRESS				
/ REGISTRAR	Jim. N. J'reg Turk - Juguph - // 12 -				

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of "Exhaustion," Never report For vio-



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FOOR	HYSICIANS OF OCCUPATION
WRITE PLAINLY, WITH UNITABING INN-INIS IS A PERMANENT NECOND	. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. (It death occurred in .Ward) Village or City a hospital or Institution. give its NAME instead at streat and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 6 DATE OF DEATH 4 COLOR OR RACE SEX MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) and that death occurred on the date stated above, st 2-15-9-m. It LESS than 7 AGE 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs, mos, ds. State yrs, mos, Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE it not at place et death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," 0

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sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Putreeral septichaeaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallsture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HCHICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1914 BURBAU, V.S.

V. S. No. 1.

N.B.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT should be stated EXACTLY. carefully supplied. AGE should be st that it may be properly classified. See instructions on back of certificate. DEATH in plain terms, so Every Item of information should be CAUSE OF Important. 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:---Ward)

fit death occurred to a hospital or institution, give its NAME instead of street and nomber.]

John Edward Eagan

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Sur on on one of the words	16 DATE OF DEATH Followary 16, 1914 (Month) (Day (Year)
DATE OF BIRTH  april 1,1888	The by 16, 1914 to 16, 1914  that I last saw h. com alive on Frby 16, 1914
7 AGE (Month) (Day (Year)  1 LESS than 1 day,	snd that desth occurred on the date stated above, at 6 - 7. m.  The CAUSE OF DEATH* was as follows:
SOCCUPATION  (a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Clothes coughs fire while with cotor  (Duration) yrs mos / 08.
9 BIRTHPLACE (State or country) Barton Md  10 NAME OF FATHER Curus Eagan  11 BIRTHPLACE OF FATHER	Contributory Secondary  (Doration) yrs mos ds.  (Signed) F. H. Lacles , M. D.  Ar Lry 17, 1914 (Address) Milland Mil
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place In the ot death
(Interment) Mrs fas & Curring ham  (Address) National Md  15 Filed Foby 17,1914 FAChaeles	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Prooffurg MIN Froy 19, 191.4.  20 ANDRESS
If more blanks are needed, address State Regist	tar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But In many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

merc symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can sepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras gcnital," "Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," cte.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

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MAR 5 1914
BURBAU, V.S.

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Very SICIANS should occupation is PHYSICIANS statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) Exact DATE OF BIRTH properly classified. (Month) (Day 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in may which emplayed (or emplayer) ..... certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER jo DEATH in plain terms, See Instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or country) OF Important. CAUSE

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ....

Ilt death accurred in

eno	St.;ward)		r Institution, AME Instead d number.]
	AL CERTIFICATE OF	DEATH	
16 DATE OF DEATH	Fish	24	1914
17 . I HERE	(Month)	(Day	(Year)
JUN-23	1914 to 7/8/	2:4	, 191 <u>.</u> £.,
that I last saw held			, 191\$
The CAUSE OF DEAT		bove, at	m,
Contributory	(Duration)	yrsn	ds.
	(Duration)	yrs	osds.
(Signed) 1111 45424, 1914	(Address) Three	Kall	Just
*State the DISEAS CAUSES, state (1) M TAL, SUICIDAL, or Ho	E CAUSING DEATH, or, feans OF INJURY; and OMICIDAL,	in deaths fro	m VIOLENT
18 LENGTH OF RESID OR RECENT REGIDENT At place	ENCE (FOR HOSPITALS, I		
where was disease contract it not at piace of death?		yrs, n	108 ds
Former or usual residence			44 obsesses annuming
18 PLACE OF BURIAL allegan	or REMOVAL	2/25	IRIAL, 191.4
20 UNDERGAKER		ADDRESS	1
Frosiderg Furdi	ture & Undertaki	ing to.	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Year)

It LESS than 1 day .....hrs.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," The

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OCCUPATION PHYSICIANS RECORD of statement PERMANENT classified. ZZ pe may back plain Instructions EATH of I DE/ 9 Every Item CAUSE OF Important.

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Very

STATE OF MARYLAND 1 PLACE OF DEATH legans CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH & was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE . 1914 (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. .... ds. State ..... yrs. \_\_\_\_ mos. \_ Where was disease contracted. OF MY KNOWLEDGE If not at place of death?... usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

19 PLACE OF BURIAN OR REMOVAL

Ilf death occurred is

a hospital or institution.

give its NAME Instead of sfreet and number. I

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

statement. materiai worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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MAR 4 1914
BUREAU V.S.

No.

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of OCCUPATION IS PHYSICIANS RECORD statement PERMANENT EXACTLY. stated classified. 4 pinous THIS properly AGE UNFADING carefully that it WITH terms, pinous PLAINLY, of information DEATH In pial

certificate. 0.0 back 0 See Instructions o CAUSE OF Important. S item

10 NAME OF FATHER

(Informant) -

FEB

(Address)

PARENTS

15

OF FATHER (State or country)

13 BIRTHPLACE OF MOTHER (State or country)

12 MAIDEN NAME OF MOTHER

Village or City Carroller Land (No. W. A.)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MODER WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day (Year)	18 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1914, to 4 3 1914  that I last saw here alive on 1914
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Surgisal Shorts.  (Duration) yrs mos descendary Spendiculary Shorts

\*State the Disease Causing Death, or. in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

OR RECENT RESIDENCE (F	OR HOSPITALS, INSTITUTIONS, TRANSI	ENTS
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of death yrs mos	ds. State mos.	ds
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Former or	"	

usuai residence	********			
19 PLACE OF BU	RIAL OR REMO	VAL	DATE OF BURIAL	
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20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," nuqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated nuder the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," For vio



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OCCUPATION PHYSICIANS statement classified. properly ed. liddns UNFADING тау that WITH terms. pinous plain 2 EATH WRITE PE OF Every Item CAUSE OF Important.

certificate.

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Instructions

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at Yf day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE 1915 (Address) PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_ Where was disease contracted. If not at place of death?. Former or usuai residence. ACE OF BURIAL OR REMOVAL

Ilf death accurred in

1918

(Year)

a hospital or institution. give its NAME Instead of street and number.]

(Day

DATE OF BURIAL

Furniture & Undertaking Co. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRA

20 UNDERTAKER

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[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 6 1914 BURLAU, V.S.

	2FULL NAME of Manhabathan 1	Total Control of the
	PERSONAL AND STATISTICAL PARTICULARS	MEDIÇAL
35	4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7
6 D	(Month) (Day (Year)	fun 24 191 that I last saw h Amaily
TA		and that death occurred on The CAUSE OF DEATH*
(b) bus	Trade, profession, or chicular kind of work.  General nature of industry, iness, or establishment in the angle of any iness.	Ypho
_	RTHPLACE (State or country)	Contributory Secondary
9 8	10 NAME OF FATHER Joseph Furstculey  15 BIRTHPLACE OF FATHER (State or country)  State or country)  State or country)	(Signed) + PBC  Tel 191 Y(Ad
_	10 NAME OF FATHER Joseph Fursteuley  11 BIRTHPLACE OF FATHER	(Signed) + RBC Tel-20191 V(Ad

1122

1 PLACE OF DEATH

STATE OF MARYLAND OF DEATH

Dist. No... [If death occurred to a hospital or institution, ard)

give its NAME Instead of street and nomber.]

E OF DEATH

16 DATE OF DEATH	7-el		12	, 1914
***************************************	(Mo	nth)	(Day	(Year)
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and that death occurr	ed on the da	te atatad	abova, at	5 P. m,
The CAUSE OF DEAT	H* waa aa i	follows:		
400000000000000000000000000000000000000		TO OFFE OO A DESCRIPTION OF		***********
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	(Ou	ration)	VLS.	mos 26 ds
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(Signed) TR	Bank	rdol	2	W 0 -
7.el-20191	.V (Address)	Cur	nher	land Mid

or, in deaths from VIOLENT; and (2) whether ACCIDEN-

l	OR RECENT RESIDENTS)		TIONE, TRANSPERTS
ı	Af place	In the	
	of death yrs mos ds.	State yrs.	ds
	Where was disease contracted.		

"PLACE OF BURIAL C	RREMOVAL
0 11	111-1
/ Corse Atol	l'ameter.
-020 NO	- Comercy.
20 UNDERTAKER	1

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report cause for For vio-



Gran & Li

V. S. No. 1.

Village or City Country (No. 1123)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred le a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferred Le- Water Stander (Write the word)	18 DATÉ OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attanded dacagased from
DATE OF BIRTH 10 , 1878 (Month) (Day (Year)	that I last saw h aliva on Tel 2 , 191
7 AGE  3 (- yrs mos 2 ds OR min.?	and that death occurred on the data stated above, at 1/200 m The CAUSE OF DEATH* was as follows:
COCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of lodostry, business, or establishmaet io which employed (or employer)  Perthelace (State or country)	(Duration)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Ouration) Trs Mos ds.  (Signed) (Address) (Add
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, mos, 5 ds. State yrs, mos, 3 ds  Where was disease contracted, find at place of death?  Former or
(Address) Seedmond Wordan FILE B 22 1914191 Frakungha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V.S. No. 1.

[Approved by M. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

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V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT stated EXACTLY. N. B.—Every Item of Information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

Village or City Cumbuland No. 35,	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME TAMES OF JUL	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate Single, Married wipower, ORDIVORCEO (Write the word)	16 DATE OF DEATH Jet 12, 1914  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Fet 1 1914 10 Sul 19 1914.
(Month) (Day (Year)	that I last aaw hain alive on offer 18 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 1 20 m.
3 2 yrs 3 mos 9 ds 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION	Cirrhosis fliver
(a) Trade, profession, or particular kind of work	Tull ray DD 10
(b) General nature of Industry, business, or establishment in	To find the second of the seco
which employed (or employer)	(Ouration) yrs. mos ds.
State or country)	Secondary Monic parachymatous rephrites
10 NAME OF John J. Griffen	(Signed) P. M. Onevasters M. D.
	Feb 14, 191 4 (Address) 27 Green St.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds. State yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
(Informant) Fresch Briften	If not at place of death?————————————————————————————————————
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed FEB 14 1914 H Canagha	20 ANDERDAKER ADDRESS
HEGISTRAR  If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

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mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



H. D. FORM NO. 1

### Department of Health Cumberland, 1990.

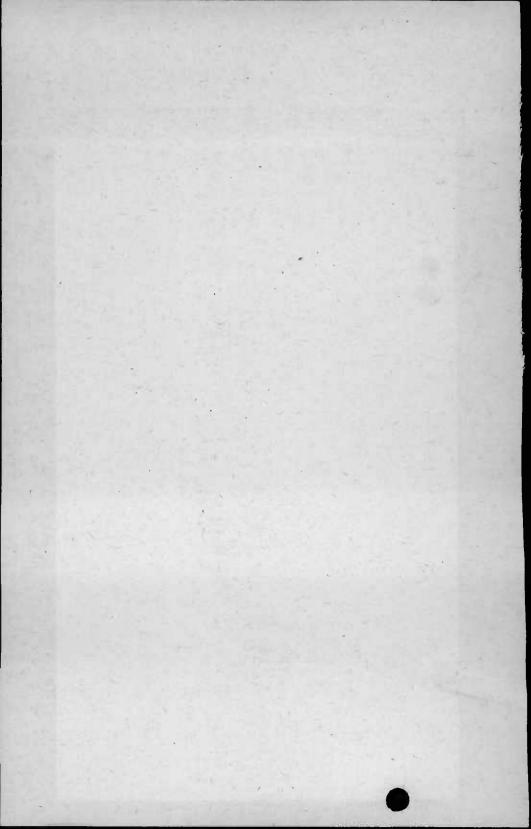
EXECUTIVE DIVISION

FRANCIS E. HARRINGTON, M. D. HEALTH OFFICER

MEMORANDUM

F21. 14/14

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No. σ<u>2</u>

PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. stated classified. S pinous INK-THIS properly pe supplied UNFADING may certificate. carefully 0 WITH on back PLAINLY. See Instructions of Information

3 SEX

TAGE

PARENTS

Important.

m ż GOCCUPATION (a) Trade, profession, or

particular kind of work

(b) General nature of industry,

business, or establishment in

which omployed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

E OF BIRTH

WRITE OF Every It

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.
------------------------

lit desth occurred in a hospital or institution, give its NAME instead of street and number. 1

5 SINGLE,

MARRIED,

WIDOWED, ORDIVORCED (Write the WOI

27

(Day

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULA

(Month)

4 COLOR OR RACE

	MEDICAL CERTIFICATE OF DEATH	
	16 DATE OF DEATH Feb 15, 19	- /
	(Month) (Day (Yea	
	10.018	
	191.3. to 12 - 191	ı
	that I last saw how alive on ten f., 191	15
	and that death occurred on the date stated above, at	m
	The CAUSE OF DEATH * was as follows:	
.	Pulmonary luferculose	_
		7
$\ $	***************************************	
	#	
	(Duration) 2 yrs 6 mos	de
		41
	Contributory	
-11	Secondary	
	Secondary	
	Secondary (Geration) yrs mos	ds
	Secondary	ds
	Secondary (Geration) yrs mos	d1
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	Secondary  (Geration) yrs mos.  (Signed) Pet 1/2, 1914 (Addross) Objectiveland	lu.
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	(Signed)  (Signed)  (Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.  15 Length of Residence (for Hospitals, Inatitutions, Transie or Recent Residents)  At place in the ot death yrs. mos. ds. State yrs. mos.  Where was disease contracted, it not at place of death?  Former or usual residence.	LEN DEN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS shou RECORD PERMANENT UNFADING 50 Instructions DEATH See FO mportant. CAUSE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day....hrs. OR ..... min. ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) .... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Transit Permit via W.Md.R.R.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. mine, etc. Women at home, who are engaged in the statement. it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.

STATE OF MARYLAND CERTIFICATE OF DEATH  Village or Gity  PLACE OF DEATH  Registration Dist, No.  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S DATE OF BIRTH  4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED, WIDOW	(Month) (Day (Year)	
18th Jan. 1.846	that I leat saw had ally on the -28 1914	
7 AGE If LESS than	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, ar work.	Chinic Vil. of teast	
(b) General nature of Industry, business, or establishment in	(Ouration) 2 yrs mos. ds.	
which employed (or employer)  • BIRTHPLACE (State or country)	Contributory Adeina 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
TO NAME OF SELECTION OF THE PROPERTY OF THE PR	(Signed) Laury 4 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent	
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds	
(Informant).	Where was disease contracted, If not at place of death?  Former or	
(Address) Commonwell March 1948	OSÓAL TESIDENCE. DATE OF BURIAL	
16 2/11/16/16	25 UNDERFAKER CELLES FOORESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

do. Harris

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. classified. Pe UNFADING certificate. 9 0 back 60 plain Instructions of Information 5 DEATH WRITE See Item OF mportant. Every It

1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH Registration Dist. No PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, ORDIVERCES (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the data stated above, at 1 day .....hrs. OR ..... 7 SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Doration) which employed (or employer) ..... State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE . 191 4 (Address) Cumbant OFFATHER (State or country) 11 \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs, \_\_\_ mos. \_\_ Where was disease contracted. if not at place of death? Former or usual residence. OR REMOVAL 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

If death occurred to

(Year)

a hospital or institution. give its NAME lostead of street and number.

(Day

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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MAR 8 1914 BUREAU, V.S.

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RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shot CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Clean Registration Dist. No... Ilt death occurred to .Ward) a hospital or Institution. give its NAME instead ot street and nomber.] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIDOWED, (Month) (Dav (Year) ORDIVORC HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Year) TAGE It LESS than and that death occurred on the date stated above 1 day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) .... which employed (or employer) ------9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signer) 11 BIRTHPLACE 191 (Address) ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACÉ At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE It not at place of death?... Former or (Interment) usual residence DATE OF BURIAL 15 20 UNDERTAKER FILEB APDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. L.



[Approved by U. S. Census and American Public Health Association.]

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80 A	STATE OF MARYLAND
115	CERTIFICATE OF DEATH
	Pegistration Dist No. 9

Ill death occurred in ..Ward) a hospital or institution, give its NAME instead ot street and number. 1 2FULL NAME. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 4 COLOROR RACE MARRIED, 191 WIDOWED, (Year) (Month) (Day ORDIVORCED (Write the word HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) It LESS than and that death occurred on the date stated above, at t day .....hrs. The CAUSE OF DEATH\* OR ... min. ? ..mos,.... BOCCUPATION (e) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAMI OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_ Where was disease contracted. 14 THE ABOVE USTRUE TO THE it not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

REGISTRAF



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Never rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or mlscarriage as "Puenperal septichac cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or Intercurrent) (Recommendations on statement of For vio-



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
RESERVED FO	UNFADING INK-THIS	carefully supplied. AGE shoto that it may be properly el
	WRITE PLAINLY, WITH	Every Item of information should be carefully sup CAUSE OF DEATH in pisin terms, so that it ma Important. See instructions on back of certificate.
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Village or City Cear (No. 2)  * FULL NAME Transcription  * FULL NAME Transcription  * The country of the countr	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 22  [It death occurred is a hospital or lostitution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White married party automate (Write the word)	16 DATE OF DEATH  Wonth  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  (Month) (Day) (Year)	that I last saw have alive on Feb 15, 1913.
TAGE  If LESS than 1 day,hrs. ORmlo.?  Ca) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 3 Pm, The CAUSE OF DEATH* was as follows:  Septimizanian
(b) General nature of Industry, business, or establishment in which employed (or employer)  PRINTHPLACE (State or country)  Mary Pard	(Boration) yrs mos 26 ds.  Contributory Diffitul Limbilius (Secondary)  (Daration) yrs mos / 3 ds.
10 NAME OF ZULL P. Hard FATHER WILL P. Hard OF FATHER (State or country)  12 MAIDEN NAME Ever fosephnic Shafe, OF MOTHER	(Signed) Anexagraff, M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE Somerset Co., Pa.  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place lo the of death yrs mos ds. State yrs mos ds.
(Informant) Cean PO, M.	Where was disease contracted, If not at place of death?  Former or usual residence
Filed F. E. Ly 16, 1914 F. AlCharles REGISTRAR	Alleganey lenetery Feb. 16. 1914. 20 UNDERTANER Jacob Frostbura.
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. causing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (mereiy symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.: oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for mail The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1911 BURMAU, V.S.

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### PHYSICIANS RECORD PERMANENT ciassified. properi Z UNFADING suppli may that WITH pe terms, nid plai Information 2 EATH WRITE 50

Very pinous OCCUPATION certificate. ō back See instructions item OF mportant. ш Every

OF MOTHER (State or country)

TO THE BEST OF MY KNOWLEDGE

14 THE ABOVE IS TRUE

(Address).

(intermant) --

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in St.: .. Ward) a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h.....alive on.... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE nines

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	of death yrs mos ds.	State yrs mos
1	Where was disease contracted,	
- 11	if not at place of death?	**************************************
	Former or	
-11	usual residence	

PLACE OF BURIAL OR REMOVAL	DATE OF E	URIAL
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ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

Acation as Day laborer, Farm laborer, Laborer-Coal duties of the household only (not paid Housekeepers mine, etc. who receive a definite salary), may be entered as cated thus: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But iu many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

### RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH.  County Callegary  Village or City Cambuland Mano. 40.9  2 FULL NAME Baby Harps	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PSEX A COLOR OR RACE SINGLE, MARRIED, Swingle Windowsch, White the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	# 3 , 1914, to Fel 4 , 1914, that I last eaw h & R alive on Fel 4 , 1914
7 AGE  7 5 hrs. 1f LESS than 1 day, hrs. or mos. ds. OR min.?  8 OCCUPATION (a) Trade, prefession, or	and that death occurred on the date stated above, at No. No.  The CAUSE OF DEATH* was as follows:  Authorized Allation of Least
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory active congestion of Conges (Secondary) due to unhalition of cold acr.
11 D NAME OF FATHER Chas A. Harps  11 BIRTHPLACE OF FATHER (State or country) Of ladelfilia  12 MAIDEN NAME	(Signed)
of Mother Brose Dorge  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place in the of death yrs
(Address) 115 N. C. mtt & Filed FEB 6 19101 Franciscopy Registran	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL  20 UNDERTAKER  ADDRESS  OULS Steppe

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). gainfully employed, as At school or At home. Care Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcin-

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PHYSICIANS show RECORD PERMANENT UNFADING certificate. 0 Instructions plal 5 DEAT WRITE OF mportant. Every ż

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### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No (if death occurred in a hospital or institution, give its NAME losfead of sfreet and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day ......hrs. OR ..... ? CCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributor Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_ yrs. \_ Where was disease contracted. If nof af place of deafh?-Former or usual residence. DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

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nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart discase; Chronic interstitial nephrilis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (discase causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1914 BUREAU.V.S.

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V. S. No. 1.

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RECORD

PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County

Viilage or City

1135

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; ..Ward) [If death occurred le a hospital or institution, give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	L'ale Pohle Single, Married, WIDWED, ORDIVORCES (Write the word)	(Mouth) (Day (Year)
6 D/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I ettended decessed from
	Jeh 2 .911/	191, to
	(Month) (Day (Year)	that I lest saw h Amalive on 191 4
TAC		and that death occurred on the date stated above, at 5 Pm.
	1 dayhrs. on 2 min. ?	The CAUSE OF DEATH* was as follows:
	CCUPATION	
	Trade, profession, or ticular kind of work	The Burn
	General nature of Industry,	Market and 5 m
bus	ness, or establishment in ch employed (or employer)	(Duration) yrs mos os
_	RTHPLACE	Contributory
	(State or country)	Secondary
	10 NAME OF FATHER TOPO THE STATE OF THE STAT	(Signed) TRB whole M.D.
S	11 BIRTHPLACE	Feb 3 1914 (Address) Cumberland My
Z	OF FATHER (State or country)	
ARENTS	12 MAIDEN NAME	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIPAL.
PA	OF MOTHER Sallis Book	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS
31	OF MOTHER (State or country)	At place in the of death yrs, mos ds. State yrs, mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
6	Sollid Belle House	If not at place of death?
1	Informant) Dutile Mille Queen Grad	usual residence
	(Address) Do Cumberland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(i / n )	Rosa Hell Cener, Feb. 3 2d, 1914
FIL	JEB 3 191191 Chaushall. 18/2.	20 UNDERTAKER ADDRESS
	Clep. Loc REGISTHAR	Rose Hill Graye, Go Gili

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agecated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

Z. B.

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1	PLACE OF DEATH 1136	STATE OF MARYLAND CERTIFICATE OF DEATH
Coun	ty Orange	Registration Dist. No.
Villag	FULL NAME SINCE STATUS MINTE	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATI	51/h 20,1914	that I last saw horses live on Fall 20191
7 AGE	(Month) (Day (Year)  If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Tra partice (b) Ge busines	UPATION ade, profession, or alar kind of work eneral nature of industry, as, or establishment in employed (or employer)	(Duration) yrs. mos. 3 ds.
-	tate or country) Market by A-MA-	Contributory
ARENTS	O NAME OF FATHER  1 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
1:	BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
(1	ormant) August 10 THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence
15 Filed	(Address) // Simple My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS  MANY L. SAME  MANY L. SAME
	If more blanks are needed, address State Regis	trar, 6 D. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," cases, especially in industrial employments, it is necapplies to each and every persou, Irrespective of age. tion is very important, so that the relative healthfulof persons engaged ln domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, ness of various parsuits can be known. who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when ueeded. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The question "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con theuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. affection used not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of..... (uame origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the dent; Revolver wound of head-homicide; l'oisoned The contributory (secondary or interchrrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement or "Dropsy," "Exhaustiou," Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

AGE should be stated EXACTLY.

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

CAUSE OF I

N.B.

Village or City Cullbullauf (No. 233)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Whate (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I sttsndsdatesssed from
May 6. 1890 (Month) (Day (Year)	Teh 9 th 1914 to Feh 15 1914, that I last saw her slive on Feh 15 1914
TAGE  1 LESS than the day,	The CAUSE OF DEATH * was as follows?  Lend Fora Premioria
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	(Duration) yrs mos. 6 ds.  Contributory halad Regarge Tecl.  Secondary (Duration) yrs. 6 mos. ds.
10 NAME OF FATHER STATES STATES  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed). C. C. M. D.  C. C. C. M. D.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?————————————————————————————————————
16 FEB 1 6 1914 Freday	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vioof

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 8 1914
BURLAU. V.S.

V. S. No. 1.

PLACE OF DEATH 1138  County Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  8 DATE OF BIRTH	(Month) (Day (Year)  17 1 HEREBY CERTIFY, That I attended deceased from  1914, to 1914, to 1914,  that I last saw here alive on 1914.
7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at JP, m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  *State the DISEASE CAUSING DEATH, OF, IU deaths from VIOLENT CAUSENS, State (1) MEANS OF INJURY; and (2) whether ACCIDENTALL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place of death
(Intormant)  (Address) Casas Tankana T	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS
If more blanks are needed, address State Registi	ran 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

; material worked on may form part of the second applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulduties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Farmer (retired 6 yrs.) For persons Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marusthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



### PERMANENT NX UNFADING WITH WRITE

certificate.

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See Instructions

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.;....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED OROIVORCEO (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at 4 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory .... Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from FIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death ...... yrs. ..... mos. ..... ds. Where was disease contracted. It not at place of death?. Former or usual residence.

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frynklin St., Balto., Requesting V. S. No. 1.

[If death occurred in

(Year)

a hospital or institution, give its NAME Instead ot street and number. 1

(Day

Branchi

in the

State ..... yrs, \_\_\_\_ mos. ..

ADDRESS

DATE OF BURIAL

yrs mos 14 ds



[Approved by U. S. Census and American Public Health . Association.]

material w (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Deaier," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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MAR 5 1914
DURLLAU. V.S.

PERMANENT

OCCUPATIO 50

Instructions

See

mportant. CAUSE

DEAT

OF

RECORD WRITE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in .....Ward) a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 18 DATE OF DEATH MARRIED, WIDOWED. (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 day,....hrs. DEATH\* was as follows: OR ..... ? amundan BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country) ..... yrs. ... \_ ds. State ... Where was disease contracted. It not at place of death? usual residence

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons But in many

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cannus." "Old Age," "Shock," "Uraemia," "Wcakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: nant neoplasms); Measles; Whooping cough; Chronic "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or misearriage as "Puerreral septichue ctc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee ou Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," ctc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," Never report For vioprobably



PERMANENT UNFADING ATH in plair instructions ٥ I DEAT WRITE

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OCCUPATIO

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in Village or City... .....Ward) a hospital or institution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIEO. WIDOWED, (Month) (Dav (Year) OROIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. \_\_\_ ds Where was disease contracted. If not at place of death? Former or usual residence. 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1914 BURMAU, V.S.

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N. B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE	OF DEATH		1
County	······································	1142	
Village or City	Carla fall	(No	
Village or City	Sax Li Jall	(No,	\

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. //

Vii	lage or City (No. , )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	ATE OF BIRTH  (Month)  (Month)  (Day  (Year)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from  1914, to 74  that I last saw h Last alive on 74  1914,
	GE  # S yrs. # mos. # ds.   If LESS than 1 day,	and that death occurred on the date stated above, at
(b) bus wh	Trade, profession, or ricular kind of work.  General nature of industry, siness, or establishment in ich employer (or employer)  IRTHPLACE (State or country)	Contributory Secondary
ARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
14 7	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Medical Laura Ruin:	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the ot death yrs mos ds. State yrs mos, ds  Where was disease contracted, if not at place of death? Former or
16	(Address) Luke Md.	19 PLACE OF BURIAL OR REMOVAL  St. Mary Marian St. Mary Marian  20 UNDERTAKER  ADDRESS  AND MARIAN ST. MARIAN  ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, Irrespective of age. ness of various pursults can be known. tion is very important, so that the relative healthfulented thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But lu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Womcu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons The question "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of sknll, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogeuital," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhanstiou," Never report



RECORD

A PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

N.B.

PLACE OF DEATH  County Allegan  Village or City Canada (No,	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
** COLOR OR RACE   SINGLE, MARRIED, WIDOWEO, OR DIVORCED (Write the WOTA)    ** OATE OF BIRTH  ** (Month)** (Day (Year)    ** TAGE   It LESS than   1 day,hrs.    ** OCCUPATION (a) Trade, profession, or particular kind of work.    (b) General nature of industry, business, or establishment in which employed (or employer)	16. DATE OF DEATH Jely (Month) (Day (Year)  17 I HEREBY GERTIFY, That I strended deceased from 27, 1914, to Jany 31, 1914, that I last saw h is ally on Jany 31, 1914, and that death occurred on the date stated above, at 7 a, m. The CAUSE of DEATH* was as follows:  (Duration)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	Contributary Thooping Long.  Secondary  (Ouration) Transcription of the Contributary Secondary  (Signed) Transcription of the Contributary State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place in the of death Transcription

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. Y.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is neccated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; etc. State Never report cause for For vio-



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### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH

Registration Dist, No If death occurred in Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ..... 7 mos. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 4.0. Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER State the DISPASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place In the (State or country) ..... yrs. ..... Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	iii Amerika
1 PLACE OF DEATH	STATE OF MARYLAND
(CCC +4.40)	CERTIFICATE OF DEATH
County Mugany	
	Registration Dist, No.
Village or City Comment (No. West	Mac St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
FULL NAME Margaett. (C)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tamale Hite (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I sttended deceased from
Marsh 21 1891	, 191.T., to 191.T.,
(Month) (Day (Year)	that I last saw h slive on 191
7 AGE It LESS than	and that death occurred on the data stated above, at 1/2 Pm.
7.2 yrs // mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, profession, or particular kind of work	tuo Bedruy
(b) General nature of Industry,	
business, or establishment in	(Ouration) — yrs 4 mos — ds
which employed (or employer)	Contributory Three 7 Marin
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Daffation) yrs mos ds.
FATHER Manting Yorker	(Signed) Sauchling D.
11 BIRTHPLACE	Tet 20 191 H (Address) Cumbelental
State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Day : (12 Mart.	It not at piace of death?
(Informant)	osuai residence Lattice Orleans had
(Address) Title to leave.	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1 LB21 1914 4/1 -/	Lille Colorus Feli 21, 191 34
Filed 191 / Casure &	20 UNDERTAKER O ADDRESS
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Sport and R. R.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Grocery; (a) Foreman, (b) Automobile factory. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-hrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-besis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mally oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR W. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County allegan	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City In Danage (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIEO, WIDOWEO. OROUVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw h allve on Feb 25 , 1914,
7 AGE  2 8 yrs. 9 mos. 19 ds. or	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos 20 ds.  Contributory Application (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME	(Signed) (Deration) yrs mos // ds.  (Signed) // Address) // Address , M. D.  *State the Disease Causing Dmath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) And Saray had  Filed Fat 26, 1914 F. a. f. Murray had  Local Registran  If more blanks are needed, sidiness State Registra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS  Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Leaithfuicated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. mia," "PUEBPEBAL pcritonitis," etc. childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as -Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



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Instructions

See

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No [If death occurred in St: .....Ward) a hospital or Institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDDWED. (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day) (Month) TAGE If LESS than and that death occurred on the date stated above, at. 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributor 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_ Where was disease contracted. If not at place of death?.. Former or usual residence. 15

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid fucumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Measles (disease causing death), 29 affection need not be stated unless important childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:



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PHYSICIANS

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in a hospital or institution. give its NAME instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav (Year) (Write the word) I HEREBY CERTIF DATE OF BIRTH (Month (Day (Year) TAGE If LESS than 1 day .....hrs. 80 OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death from VILLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs, \_\_\_ Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto.,

Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekcepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But In many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

("Pneumonla," unqualified, is indefinite): Tubercu-lcsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) Typhoid fever (never report "Typhold brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE

> lnjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genltal," "Senlle," etc.), thenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report etc. The contributory (secondary or intercurrent) Aecidental drowning; Struck by railway train-acci-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," cause for

the certificate is permanently filed. cnce. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



N.B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH

Village or City Cumbulant (No. 225	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No.  [If doath occorrod in a hospital or institution, give its NAME lostead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
male White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY, That I attended deceased from		
Month) (Day) (Year)	Ten 15, 1914, to Feb 17, 1914, that I last new himm alive on Ten 17, 1914.		
BOCCUPATION (a) Trade, profession, or parficular kind of work.  1 day,hrs. ords. ormin.?	and that death occurred on the date stated above, at 6 mm, The CAUSE OF DEATH* was as follows:  Decete Procedure  Procedu		
(b) Goneral nature of industry, business, or establishment in which employed (or employer)  Peirthplace (State or country)  Ma	Contributory Constian (Secondary)		
10 NAME OF FATHER Jacob & Meyers  11 BIRTHPLACE OF FATHER (State or country)  2 Maiden NAME OF MOTHER POTT MARKET OF MOTHER POTT MARKET OF MOTHER POTT MARKET MARKE	(Signed)		
13 BIRTHPLACE OF MOTHER (State or country)  W-Vo.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of doath		
(Informant) Isaa 14 Meyers	former or usual residence		
File EB 19 191 REGISTRAR  If more blanks are needed, address State Registrar,	20 UNDERTAKER ADDRESS		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease affection with respect to time and causation), using disease the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis of lungs, meninges, pertionacum, etc.. Carcinosis

scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childhirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from "Collapse." "Coma," "Convuisions," "Debility" ("Concause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acolwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 da.; valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 3 1914

FOR BINDING RESERVED MARGIN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT. B.—Every Item of information should be csrefully supplied. AGE should be ststed EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact ststement important. See instructions on back of certificate.	RECORD	PHYSICIANS should state of OCCUPATION is very
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be esretully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 3

St.:---Ward)

[if death occurred in

FULL NAME Edward P. Mid	give its NAME instead of street and nomber.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, Leve of Le- MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH FISH (Day (Year)		
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from		
(Month) (Day (Year)  7 AGE   If LESS than 1 day,	and that death occurred on the data stated above, at 236 ocm.  The CAUSE OF DEATH* was as follows:		
CCUPATION (a) Trade, profession, or a borer particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Letter Course by Leny Structer by a 18+0. No. 18. Jagars  Let Sciolart  (Ouration) yrs. mos. ds.		
OF FATHER  10 NAME OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  OF FATHER  12 MAIDEN NAME  OF MOTHER  OF MOTHER	Contributory Secondary  (Ouration)  yrs  mos  ds.  (Signed)  A  (Address)  Carrell  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  16 Dy- Hardele brow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.		
(Address) State Register	20 on Dertaker ADDRESS trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neewho have no occupation whatever, write None. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. ilf death occurred in .Ward) a hospital or Institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended degreased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? .mos ... BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE -191.7. (Address) .... OF FATHER AREN. (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. State ...... yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?. Former or usuai residence. PLACETOF BURIAL OR REMOVAL DATE OF BURIAL 15 26 UNDERTAKER ADDRESS REGISTRAL If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censur and American Public Health Association.]

applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulfication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-"Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report cause of dcath approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For vio-



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RECORD PERMANENT D UNFADING INK-THIS GE WITH should PLAINLY. WRITE 9

OCCUPATION ō statement classified. properly pe certificate. 50 terms, 6 ATH in plain instructions DEATH Sec OF mportant. Every It

3 SEX

TAGE

ARENTS

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DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address) ....

OF FATHER (State or country)

(b) General nature of industry. business, or establishment in

1 PLACE OF DEATH

Merry County.....

4 COLOR OR RACE

which employed (or employer) .....

Mite

(Month)

STATE OF MARYLAND CERTIFICATE OF DEATH

			200
Registration	Dist.	No	2

St.: .Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

DATE OF BURIAL

ADDRESS

nucles

ORDIVORCED (Write the word)

5 SINGLE.

MARRIED. WIDOWED.

MEDICAL CERTIFICATE OF DEATH	
(Month) (Day (Year	
17 / I HEREBY CERTIFY, That I attended deceased for	_
Fire 10-, 1914, to Ach 26, 191	4.
that I last saw h man alive on Tell 2 6 ,191	4
and that death occurred on the date stated above, at 15-34	m,
The CAUSE OF DEATH* was as follows:	
for for the the	*******
(Duratioo) yrs mos /	_ ds.
ContributorySecondary	- a <del>0 4 4 4</del>
(Ducation) yrs mos	ds.
	J. D.
7/3/, 191 + (Address) / / Kly (major)	
*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) Chether Accidental, Suicidal, or Homicidal.	ENT EN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At place in the	NTS,
of death yrs ds. State yrs mos.	de

PERSONAL AND STATISTICAL PARTICULARS (Year) if LESS than 1 day ..... hrs. Where was disease contracted. If not at place of death? Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

statement. applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac thenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



#### CERTIFICATE OF DEATH should is OCCUPATION Registration Dist. No. PHYSICIANS a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE S SINGLE. DATE OF DEATH MARBIED, Write the word (Month) (Day HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) If LESS than and that death occurred on the date atated above, a 1 day hrs. The CAUSE OF DEATH\* was as follows: OR \_\_\_\_\_ 7 properly BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE Contributory (State or country) Secondary (Doration) 10 NAME OF FATHER 90 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTE. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. EAT WRITE Where was disease contracted. OF MY KNOWLEDGE If not at place of death?-0 a Former or OF osuat residence mportant. CAUSE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

STATE OF MARYLAND

Ilf death occurred in

(Year)

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Neyer rcturn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

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"Collapse," genital," "Se ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) n," "Convulsions," "Deblity" ("Conet," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

PLACE OF DEATH 1154  County Alexander	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No
Village or City Who the sand (No.	St.; Ward)  [If death occurred in a hospitat or institution, give its NAME instead
* FULL NAME Sufferent	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white 5 single, Married, Widowed, Wigout (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from Field. 1 le 1914, to File 1 1 1914,
(Month) (Day) (Year)	that I last saw hadran alive on Folds . Le
7 AGE If LESS than	and that death occurred on the date stated above, at m_,
yrsmosds.   1 day, 3hrs.   0 Rmin. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trado, profession, or particular kind of work	Filosopalers Fell Louis
(b) General nature of industry, business, or establishmool in	(Doration) yrs, mos, ds.
**BIRTHPLACE (State or country) Many land	Contributory (Secondary) (Deration) yrs mos ds.
11 BIRTHPLACE	(Signed) A Ramensere f , M. O. File , 1944 (Address) Michaeland
OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER May Bynes  13 BIRTHPLACE OF MOTHER (State or country) Mary land	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Down Morres	Where was diseaso contracted, If not at place of death?  Former or usual residence
(Address) Testarousle, M.A.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1914
Filed 4 E by 18, 1914 A Harles REGISTRAR	20 UNDERTAKEA ADDRESS
If more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercutoris of lungs, meninges, peritonacum, etc... Carcin-

scpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Putrperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convultions," "Deblity" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Okronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of \_\_ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Nevcr repor Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914
BUREAU, V.S.

No. 00 (Address)

1 PLACE OF DEATH

1155

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St:.....Ward)

fif death occurred in a hospital or institution, give its NAME instead ot sfreet and number.]

MEDICAL CE	PIFICATE O	F DEATH
16 DATE OF DEATH	(Month)	2 7 - 1914 (Day) (Year)
17 I HEREBY CI	ERTIFY, THAT	1 attended of ceased from
John 26 1914	f. to 12h	7 26 1914
hat I last saw hav alive	on Xsh	260,1914
and that death occurred on t	he date stated	above, at 3 W, n
The CAUSE OF DEATH* Wa	s as follows:	2 . 1
	-	Bush
Fumalu	role, of	rown
	/	
	(Duration)	yrsmosd
••••		
(Secondary)		······································
	(Duration)	wrs. mos. d
(Signed) Hand	Luin	Kried
7// -	1/1	1 10
1 / h/y 2/, 191 + (Addr	688) Lasks	markared tha
*State the DISEASE CAUSIC CAUSES, state (1) MEANS ( TAL, SUICIDAL, OF HOMICID.	ING DEATH, or, of INJURY; an	in deaths from VIOLENT
18 LENGTH OF RESIDENCE	FOR HOSPITALS	, Institutions, Transient
OR RECENT RESIDENTS) Af place	In the	
ot death yrs mos	ds. State	yrs, mos, d
Where was disease contracted,		ER THEFE
If not at place of death?		
If not at place of death?		
If not at place of death?  Former or usual residence		
Former or	EMOVAL	DATE OF BURIAL
Former or usual residence	EMOVAL.	DATE OF BURIAL
Former or usual residence	EMOVAL Cerry	J. 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Year)

If LESS fhan

1 day, 9 hrs.

min. ?

OR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as childhirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for canse. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ample: Meastes (disease causing "Contributory." by curbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma: etc., of ..... of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; statement of Examples: probably



S. No. 1.

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PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County Olla Sala

1156

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME 2015 THE STATE OF THE PROPERTY OF TH		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH JANUARY 12, 1914 (Month) (Day (Year)	
Month) (Day (Year)	that I last saw h Ox alive on Rhay 17 1914	
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work.	lauce of Homach	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs 1 0 mos. 5 ds.	
9 BIRTHPLACE (State or country)	Secondary  Output  Duration  Output  O	
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) James J. Johnson, M. D. Storf 12, 191 4 (Address) flumbuland mi)	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS.	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds Where was disease contracted,	
(Informant) Marsaca Calls Marsaca	Former or usual residence. And Kuraw Reyou Was	
(Address) A SALA S	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  A. 1914	
Filed 79, 191 A. A. A. A. REGISTRAR	9.6. Wolford Cumberland	
If more blanks are needed, address State Regist	erter 6 E. Franklin St., Baro., Requesting V. S. No. 1.	

[Approved by U. S. Consus and American Public Health Association.]

additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. applies to each and every person, irrespective of age tiou is very important, so that the relative healthful-"Manager," "Dcaler," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked ou may form part of the second cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"  $(\overline{b})$ 

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. naut neoplasms); Measles; Whooping eough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles oma, Sarcoma, etc., of..... (name origin; "Can sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: aceidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "lnauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease eausing death), 29 State eause for "Exhaustion," Never report



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Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. U THIS O UNFADING may 9 WITH terms. pinoy plain Instructions 2 7 EATH 50 OF Every Item CAUSE OF Important.

3 SEX

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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No fit death occurred in -Ward) a hospital or institution, give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Day (Year) (Month) (Write the word I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) It LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? .mos,..... GOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAMI

OF MOTHER 13 BIRTHPLACE

OF MOTHER (State or country) THE ABOVE IS TRUE TO

(Address).....

REGISTRAR

6 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

OR RECENT RESIDENTS) At place In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs. \_\_\_ \_ ds. Where was disease contracted.

If not at place of death? Former or

usual residence

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

-statement. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to cach and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for "Exhaustion," Never report



UNFADING WITI PLAINLY

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CERTIFICATE OF DEATH. Registration Dist. No. CCUPATION fit death occurred in .....Ward) a hospital or lestitution. give its NAME lostead of street and number. 1 \* FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. SEX MARRIED. 191 WIDOWEO, (Month) (Day) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) 7 AGE If LESS than 1 day ..... hrs. OR ..... mio. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) may which employed (or employer) that it mi Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 90 ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place to the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_ State ..... yrs. \_\_\_\_ mos. \_\_\_ ds. EATH Where was disease contracted. If oot at place of death? A Former or OF usual residence. mportant. Every Ite DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS ø REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PHYSICIANS RECORD ERMANENT AGE WRITE

PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or indust; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not minc, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples:

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1914 BUREAUNS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Cille	CERTIFICATE OF DEATH
County D	Registration Dist. No.
Village or City doplaceming (No. Still A	St.; Ward)  St.; Ward)  Form Patterson  [If death occorred is a hospital or institution give its NAME lostess of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed, Orbivorceo (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  FISH  (Month)  (Day)  (Year)	that I lsst saw h alive on, 191
7 AGE   I1 LESS than   1 day,	and that death occurred on the date stated above, st
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer)	Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) maconney M  10 NAME OF FATHER Thu Lt Pattering  11 BIRTHPLACE OF FATHER (State or country) Many Curry  12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory (Secondary)  (Doration)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. Where was disease contracted,
Informant) Why W. Fallism from (Address) Somaconny	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ATE OF BURIAL  FLAT 19
FILED 186-19 1814 JOBULLOK REGISTRAR	20 UNDERTAKER JAMES Parent & onacen
If more blanks are needed, address State Registrar	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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OCCUPATION PERMANENT classi properly UNFADING certificate. 80 ō back terms, plain Instructions = DEATH See 9 Important. Every It

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, WEOLINE ORDIVORGED (Write the word) (Dav (Year) HEREBY CERTIFY, That Lattended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHALECE & cna cum OF FATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the ot death ...... yrs. ..... mos. .... ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. THE ABOVE IS TRU It not at place of death? ... Former or usual residence. 19 PLACE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

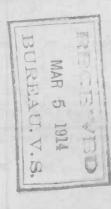


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care mine, ctc. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Civil engincer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for malig-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Auacmia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



PLACE OF DEATH 1161	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registered No.
Village or City (kemberland (No 230)	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word) 1 Cl  6 DATE OF BIRTH  (Month) (Day) (Year)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That) attended deceased from  ###  ###  1914, to ###  that I last saw here!  alive on ###.
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 60° m, The CAUSE Of DEATH* was as follows:
GOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  A 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  A 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  A 11 BIRTHPLACE OF FATHER (State or country)  A 12 MAIDEN NAME OF MOTHER  A 13 MAIDEN NAME OF MOTHER  A 14 MAIDEN NAME OF MOTHER  A 14 MAIDEN NAME OF MOTHER  A 15 MAIDEN NAME OF MOTHER  A 16 MAIDEN NAME OF MOTHER  A 17 MAIDEN NAME OF MOTHER  A 18 MAIDEN N	(Duration) yrs. mos. ds.  Contributory (Secondary)  (Ouration) yrs. mos. ds.  (Signer) (Ouration) yrs. mos. ds.  (Signer) (Address) (O) (A. Out.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted, it not at place of death?  Former or usual residence
Flied F E B 2 O 1914 Flied REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  DEPARTMENT OF BURIAL  ADDRESS
but all actually address blate negls trar, o	2. Frankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of \_\_\_ The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," \_\_ (name origin; "Candeath), 29 ds.; "Exhaustion,"



# MARGIN RESERVED FOR BINDING

No.

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Very . should OCCUPATION PHYSICIANS RECORD ō statement PERMANENT classifled. THIS properly AGE pe UNFADING gddns may certificate. 20 ō WITH back terms, pinou plain Instructions \_ 占 DEATH ō PO Every Item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution, give its NAME instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED, & (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS fhan and that death occurred on the date stated above, at f day .....hrs. The CAUSE OF DEATH \* was as follows: yrs.....mos.....ds. OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment li (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER (Address) PARENT \*State the DISEASE CAUSING DEATH, or, in dcaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICINAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE tf not at place of death? ... Former or (Informant) usuai residence DATE OF BURIAL Address).... 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (Recommendatious on statement of (secondary or intercurrent) State cause for



0 instructions

1 PLACE OF DEATH

#### PHYSICIANS should of OCCUPATION IS Village or City PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED Word (Month (Dav (Year) TAGE If LESS than 1 day hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or INK particular kind of work. pe (b) General nature of industry. business, or establishment in which employed (or employer) Contributory State or country) Secondary 10 NAME OF FATHER (Signed). terms, og back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME plain OF MOTHER OR RECENT RESIDENTS = 13 BIRTHPLACE At place MOTHER of inform DEATH of death Where was disease contracted. If not at place of death? Former or CAUSE OF Important. usual residence 16 20 UNDERTAKER

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

Ilf death occurred in a hospital or institution, give its NAME Instead of street and number. ]

MEDICAL CERTIFICATE OF DEATH

(Month) (Day I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH\* was as follows: \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

in the

4

DATE OF

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers statement. Never return "Laborer," "Foreman," It should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, Irrespective of age. ness of various pursults can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of..... (name origin; "Can ture of the American Medical Association. "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for For VIO-



RECORD	PHYSICIANS should a	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	4. B.—Every item, of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should is CAUSE OF®DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.	
	I. B.—Eyei CAU Imp	

PLAGE OF DEATH 1164	STATE OF MARYLAND CERTIFICATE OF DEATH	
County Ally	CERTIFICATE OF DEATH  Registration Dist. No	
Village or City Clharch (No. , St.; Ward)  2FULL NAME  St.; Ward)  Poolur   St.; Ward   If death occurred in a hospital or institution, give its NAME instead of sfreet and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 8 , 1914. (Month) (Day (Year)	
6 DATE OF BIRTH 7 5	I HEREBY CERTIFY, That I attended deceased from	
2-21,1846	that I lest saw h & allve on Fully / 6 1914	
(Month) (Day (Year)  7 AGE   If LESS than	and that death occurred on the date stated above, at & P m.	
73 yrs 10 mos 2 7 ds OR min.?	The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work	Thumonid	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Durafion) yrs. mos. 4 ds.	
9 BIRTHPLACE (State or country)	Contributory AWAGE DYREEL 4 Secondary (Duration) 3 yrs mos ds.	
10 NAME OF FATHER & RUSEY	(Signed) & La Griffish , M. D.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-	
of MOTHER Charleth. Will	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE OF MOTHER (State or country)  MUKLIOUVI	At place of death yrs, mos ds. Slate yrs, mos ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or	
(Address) Cliffaut Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16	Echarma 2/22, 191	
Filed, 191	20 UNDERTAKER ADDRESS TO THE MENT MED	
If more blooks are add - 3.	( ) word of	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; essary to know (a) the kiud of work and also (b)Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulstatement. material worked on may form part of the second it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Loeomotive engineer. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an For many occupations a single word or term on the who have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foremau," (6)

CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopncumonia "Croup";) brospinal term for the same disease. time and causation), using always the same accepted fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubereu. Diphtheria Examples: Cerebrospinal (avoid use of

> LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Causepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertakeu. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less defluite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 "Exhaustion," ds.;



S. No. 1.

N. B.-

PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD EXACTLY. stated properly classifled. AGE should carefully supplied. that it may be T DEATH in plain terms, so that it make instructions on back of certificate. DEATH In plain of Information CAUSE OF Important.

1165 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[It death occurred in

	FULL NAME Jehn Presh	a hospital or lostitutioe, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	ale, Phit Single, Married of Sin	16 DATE OF DEATH  John 26  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 A (a) (a) pa (b) bus whi	GE (Month) (Day (Year)  GE (Month) (Day (Year)  It LESS than 1 day,hrs.  ORmin.?  CCUPATION ) Trade, protession, or riticular kind of work ) General nature of industry, slaess, or establishment in ich employed (or employer)	191/ to 1913
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER  (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informati)  A	Secondary  (Doration) yrs mos ds  (Signed) At P. Harden M. D  July, M. 191 4 (Address) Frestburg and  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)  At place In the ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, it not at place of death?  Former or osual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

statement. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nophritis, aant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



W. B. No. 1.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WITH UNFADING INK-THIS PLAINLY. WRITE ż

PLACE OF DEATH  1166  County Celleghany  Village or City Midland (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fecuale Whete Single,  MARRIED  WOODSON  WITH THE WOOD  WITH THE WOOD	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
OATE OF BIRTH 7 (Month) (Day) (Year)	that I last saw her allve on Tel 2125, 1914
7 AGE   If LESS than 1 day, /2 hrs.   OR	and that death occurred on the date atated above, at
B OCCUPATION  (a) Trade, profession, er particular kind of work	(Ouration) yrs mos ds.  Contributory (Secondary) (Daration) yrs mos ds.
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) M MILLOCATE M. D.  The 2/2 Address M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
15 Filed Febre 22,1914 P. SChales	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Western fort. Med. Feb. 22., 1914. 20 UNDERTAKER ADDRESS

Lonaconing If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, If Impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUERPERAL septicharinus," "Old Age," "Shock," "Uraemia," "Weakness," "H art failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914 BURLLAU, V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Slicutations (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLGROR RACE SINGLE, MARRIED, WIDOWED, Ordow ORDIVORCED (Write the word) 6 DATE OF BIRTH  (Mouth) (Day) (Year)	16 DATE OF DEATH  Tell  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1914, to  Tell  20  1914,  that I last saw head alive on  Tell  1914
(Month) (Day) (Year)  7 AGE    If LESS than t day,hrs. ORmin.?  8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at 7 2 m, The CAUSE OF DEATH* was as follows:  Paralisis  (Duration) yrs. 9 mes. ds.
which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER POUNT LASHLEY  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF OF FATHER OF MOTHER OTHER OF MOTHER OF M	(Signed) (Buration) yrs mos ds.  (Signed) , M. O.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals Institutions, Transients, or Recent Residents)  At place in the field of the fi
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15  Filed Filed 23, 1914  REGISTRAR  If more blanks are needed, address Stats Registran	where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BUBIAL OR REMOVAL  20 UNDERTAKER  ONLY  ADDRESS  ONLY  FORMAL  ADDRESS  ONLY  ADDRESS  ADDRESS  ADDRESS  ONLY  ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalis and control of the control of the

Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (name origin; "Can State cause for "Exhaustion," Examples:



V. S. No. 1.

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PLACE OF DEATH  1168  County Alegany  Village or City Flintstore (No. 24)  2FULL NAME Mary & Ro	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward) [It death occurred to a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, married White Write the word)	(Month) (Day (Year)
DATE OF BIRTH  (Month) (Day (Year)	that I last saw her alive on Jan 31 1914
7 AGE (Month) (Day (Year)  1 If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 12.8 pm, The CAUSE OF DEATH* was as follows:
a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Co-existing with Initial Regurgation  (Duration) yrs mos ds.
State or country.)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country.)  12 MAIDEN NAME OF MOTHER	Contributory Consended Course Pulmonage Secondary  (Duration) yrs mos ds.  (Signed) Pung M.D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicipal, or Homicipal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds Where was disease contracted, it not at place of death?
(Informant) Man James Browning  (Address) Flindstatione  Filed Flob 2, 1914 Dewitt  REGISTRAR	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS  AULTO STEEL  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the DISEASE the nature of the business or industry, and therefore an ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report



RECORD

A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

S, No. 1.

1169 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..St .:.....Ward)

fif death occurred in a hospital or institution, give Its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH J. 6/44 , 191.4 (Year)
8 DATE OF BIRTH  (Month) (Day (Year)		that I last saw her alive on 4. 13. 1914.
7 A C		and that death occurred on the date stated above, at 6 a, m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) yrs, mos. 3. ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER  SAMA HASA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *State of Position of Homicidal.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Intermant)	At place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.
15 File	(Address) Casalandand  ad M. 15-, 1914 En land p 1x  Local Registran  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  1914  20 UNDERTAKER  ADDRESS  TOTAL OF BURIAL  PROPOSITION V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as daties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or judnstry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But iu many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

oma, Sarcoma, etc., of..... (uame origin; "Canchildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustion," State cause for Never report



V. S. No. 1.

PLACE OF DEATH  County  STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  Village or City and Conference of the County  Full NAME  PLACE OF DEATH  Registration Dist. No.  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male White Samuel Samue	16 DATE OF DEATH February 28, 1914  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended decaaaad from February 3 1914, to Feb. 27, 1914, that I leat asw him alive on Feb. 27, 1914		
7 AGE (Month) (Dáy (Yéar)  1 If LESS than 1 day,hrs. ORmin,?	and that death occurred on the date atted above, at 8 A m, The CAUSE OF DEATH * was as follows:  Sulmonary Suberculous		
particular kind of work  (b) Seneral nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory Pulmonary hemouses		
10 NAME OF FATHER GENTLESS OF FATHER GENTLESS OF FATHER (State or country) 2 Major NAME OF MOTHER OTHER OF MOTHER OTHER OTHE	(Signed)		
THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)	At place of death yrs. mos. 3 ds. State yrs. mos. 7 ds Where was disease contracted, w. Virginia If not at place of death?  Former or osual residence Piciolary DATE of BURIAL  19 PLACE OF BURIAL OR REMOVAL  20 URSENTAKER  ADDRESS		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Dequesting V. S. No. 1,			

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



N. B.

PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS See instructions on back of certificate. of Information should be DEATH in plain terms. CAUSE OF Important. S LACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

2FULL NAME Trazel Louise	St.; Ward)  Stuff St.; Ward)  Stuff St.; Ward)  Street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Fruele Olord Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WITH WORD, Write the word)	16 DATE OF DEATH JA 2 , 1914 (Month) (Day (Year)
TAGE  O DATE OF BIRTH  O Month (Day (Year))  Tage  O Day (Year)	and that death occurred on the data stated above, atm
**Soccupation  (a) Trade, protession, or particular kind of work  (b) General nature of indostry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  1 day,hi ORhi O	I ING CAUSE OF DEATH'S Was as follows:
10 NAME OF FATHER Swith  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER CALLES Sauk?  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE	(Signer):
(loformant) Tichard Faut-	Former or usual residence.  19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

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injury, as fracture of skull, and eonsequenees (e. g., scpsis, tetanus) may be stated under the head of childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not he stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ete.), "Dropsy," "Exhaustion," (Recommendations on statement of



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DEATH

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13 BIRTHPLACE OF MOTHER (State or country)

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PHYSICIANS

RECORD

#### 1 PLACE OF DEATH 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIEO, ORDIVORCEO (Write the word) DATE OF BIRTH (Month (Day TAGE BOCCUPATION (n) Trada, profession, or particular kind of work. (b) Ganeral nature of Industry, business, or establishman! In which amployed (or amployar) State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) PARENT 12 MAIDEN NAME OF MOTHER

#### STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No If death occurred in a hospital or institution give its NAME Instead

of sfreef and number.]

DATE OF DEATH	Fehr.	14	1915
	(Month)	(Day	(Year)
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Contributory Secondary	**********		
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18 LENGTH OF RESIDE	NCE (FOR HOSPITAL	R, INSTITUTION &	, TRANSIENTS
Af place	In the		
of death yrs mo		yrs,	mos d:
Where was disease contracted it not nt place of death?			
Former or			
usual residence	***************************************	************************	
	***************************************	***************************************	

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDBRTAKE

(Year)

It LESS than

1 day .....hrs.

OR ..... 7

[Approved by U. S. Census and American Public Health Association.]

statement. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second of persons engaged in domestic service for wages, as the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 3 1914

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RECORD PERMANENT ō Every Item CAUSE OF

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DEATH

Instructions

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1 PLACE OF DEATH STATE OF MARYLAND allegam CERTIFICATE OF DEATH Registered No. fit death occorred in St: .....Ward) a hospital or Institution. give its NAME instead of street and number. ? \* FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY. That I sttended decessed from 6 DATE OF BIRTH ..... 191..... to. 1914 (Day) (Year) TAGE If LESS than and that death occurred on the date atsted above, at... 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... mie. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment to which employed (or employer) -----Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place . . to the OF MOTHER of death \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ State yrs, \_\_\_\_ mos, \_\_\_ ds. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more bighks are needed, address State Registrar, 8 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1914
BURDAU, V.S.

PLACE OF DEATH

Sho ION
PHYSICIANS of OCCUPAT
N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION I
N. B.—Every It CAUSE

	TE OF MARY	
. / .	istration Dist. t.;Ward)	[if death occurred in a hospital or institution give its NAME instead of street and nomber.]
MEDICAL C	ERTIFICATE OF	DEATH
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Village or City (No. 100)	a hospital or institution,
·	give its NAME instead of street and nomber.]
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PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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6 DATE OF BIRTH	tile 6 18h 15 4
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(Month) (Day (Year)	that I last saw h Am alive on TElig 14 1914
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33 9 A 1 day,hrs.	
yrsds. ORmin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	······································
(a) Trade, profession, or	Jyphord I Wis
particular kind of work	
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Duration) yrs mos. / ds.
9BIRTHPLACE Y	Contributory Secondary
(State or country)	
10 NAME OF	(Doration) yrs mos ds.
FATHER CENTRAL DE	(Signed) 11. Clover 11 "ham, M. O.
11 BIRTHPLACE	TEleg 15, 191 4 (Address) Frestburg med
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	
u (State of Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
W 12 MAIDEN NAME OF MOTHER / / -	
a Clisabell Stershologly	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
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11- Hulestong	Former or M. The Man 1
(Informant)	usual residence / Nanswell, Maryland
(Address) Grandoville, Ink.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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tole 14 1/ Nel Commen	20 UNDERTAKER ADDRESS
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[Approved by U. S. Census and American Public Health Association.]

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MAR 6 1914 BUREAU. V.S.

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should state OCCUPATION PHYSICIANS o Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, Write the word) stated DATE OF BIRTH properly classifled. pe (Month) (Da (Year) TAGE If LESS than pinous 1 day,....hrs. OR ..... 7 AGE BOCCUPATION INK (a) Trade, profession, or particular kind of work. carefully supplied. (b) General nature of Industry, UNFADING business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 10 WITH 9 DEATH in plain terms, See instructions on back PARENTS 11 BIRTHPLACE should OF FATHER (State or country) PLAINLY, 12 MAIDEN NAME OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country) WRITE Every Item CAUSE OF Important. S 16 1. Filed. REGISTRAR

PLACE OF DEATH

1175

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

Ilf death occurred in a hospital or lastitution. give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	Februar	14	1914
	(Month)	(Day	(Year)
17 I HERE	BY CERTIFY, Tha	t I attended de	sceased from
Felon 5	, 1914, to Je	les, 134	, 191.4
that I last saw h.l.d.	4		it wist
		7	3.0
and that death occurre	d on the date state	ed above, at	
The CAUSE OF DEAT	H* was as follows:		
( )			
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OR RECENT RESIDENT	al)		I INAMBIENTS.
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Where was disease contracto	ed.	7.00	
If not at place of death?	*******************************	***************************************	
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med: ms If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 6 1914 DUREAU.V.S.

OCCUPATION PERMANENT UNFADING Instructions DEAT OF mportant. ш Every

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in a hospital or institution. give its NAME instead ot street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED, (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I ettended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death-occurred on the date f day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE OF FATHER (State or country) ARENTS \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAM OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country At place In the of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ vrs. \_\_ Where was disease contracted. MY KNOWLEDGE If not at place of death?-Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness. If retired from business, that fact may be indi-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (c. g., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is iess definite; avoid uso of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitie," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (discase causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "PUERPERAL septichac-

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BURLEAU. V.S.

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No. 1.

vi

RECORD

Exact statement properly classified. should be supplied. may of information should be DEATH in plain terms, See instructions on back CAUSE OF I

PHYSICIANS should of OCCUPATION IS stated EXACTLY. AGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.... ...Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

2FULL NAME

1 PLACE OF DEATH

TAGE  (Month) (Day (Year)  TAGE  (Month) (Day (Year)  (Month) (Day (Year)  If LESS than 1 day,hrs. ORmin.?  ORmin.?  OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which amployed (or employer)  BIRTHPLACE (State or country)  OF ATHER (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Integrant) (Integra	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
that I last saw harmalive on Table 1912.  Tage  If LESS that death occurred on the date stated above, at 72.9 mand that death occurred on the date stated abov	Finals While (Write the word)	(Month) (Pay (Year)
**Soccupation (a) Track profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE**  OF FATHER**  10 NAME OF FATHER**  OF MOTHER**  11 BIRTHPLACE**  OF MOTHER**  OF MOTHER**  13 BIRTHPLACE**  OF MOTHER**  13 BIRTHPLACE**  OF MOTHER**  OF MOTHER**  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  The CAUSE OF DEATH * was as follows:  Darables**  (Duration) **  Ouration) *	(Month) (Day (Year)	
Contributory  Secondary  (Signed)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER  (State or country)  (Signed)  12 MAIDEN NAME OF MOTHER (State or country)  (Signed)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)  (Buration)  (Signed)  (Buration)  (Signed)  (Signed	1 day. hrs.	The CAUSE OF DEATH* was as follows:
(Signed)  Secondary  (Address)  Secondary  (Signed)  Secondary  Secondary  (Signed)  Secondary  Secondary  Secondary  (Signed)  Secondary  Secondary	(a) Trade, profession, or particular kind of work	(Duration) yrs mos 6 ds.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Interment)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE)  At place of death	(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  OFFATHER  (State or country)	Secondary  (Duration) Z yrs mos ds.  (Signed) That M. I and M. D.
USUAI TOSIBURGE	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?
16 Filed Feb. 10 ,1914 Descrite Pagistrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Filed Feb, 10 , 1914 Desmett REGISTRAR	20 UNDERTAKER TINISTOMM ADDRESS  LE WOLFORD  Cumberland



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations dnties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Catton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carcin-

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No. vi

N.B.

PHYSICIANS should state of OCCUPATION Is very PHYSICIANS RECORD Exact statement PERMANENT stated EXACTLY. 4 properly classified. WITH UNFADING INK-THIS carefully supplied. that it may be certificate. of information should be DEATH in plain terms, so See instructions on back of CAUSE OF Important. 1 PLACE OF DEATH

County allegany

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Westernskort (No. 2FULL NAME Paul Berlin	St.; Ward)  [if death occurred in a hospifal or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, DRDIVORCED (Write the word)	18 DATE OF DEATH 2 /9 , 1914 (Month) (Day) (Year)
B DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h is alive on Feb (5), 1914.
7 AGE   If LESS fhan t day, brs. OR min. ?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishmenf in which employed (or employer)	Contributory (Secondary)
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATMER (State-or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Suration) yrs. mos. ds.  (Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL.  TAL, SUICIDAL, or HOMICIDAL.
of Mother Ella Colams  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Messlessefear Filed LA 20, 191 - AMMILLAUX REGISTRAR	Philos Burial OR REMOVAL  Philos Burialy Westing Teh. 20, 1914  20 UNDERTAKER  ADDRESS  Reeleventy

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," 'Traemia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples:

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PECEIVED

MAR 4 1914

BURLAU.V.S.

SIGIANS should OCCUPATION IS PERMANENT roperiv certificate. DEAT 9 important. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... It death occurred to St.:---Ward) a hospital or institution. give its NAME instead of street and number.] Walters PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Year) TAGE it LESS than and that death occurred on the date stated above, at 1 lun 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION unt lum (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 191 (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_\_\_\_ mos. ... Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death?... Former or (informant)usuai residence. PLACE OF BURIAL OR REMOVAL (Address)..... ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease gainfully employed, as At school or At home. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

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APR 4 1914
BURBAU, V.S.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH  180  County Ellegane  Village or City Canadaud (No. Allegane)  2FULL NAME Elizabeth	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Mute (Write the word)	18 DATE OF DEATH  (Month) (Day (Year)  17   HEREBY CERTIFY, That   attended decessed from
6 DATE OF BIRTH	July 10 July 10 July 28 1914
Month) (Day (Year)  TAGE  TAGE	and that dasth occurred on the date stated abovs, at
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) Jyrs mos de.
10 NAME OF FATHER Scale According to the second of the sec	(Signed) (Doration) - yrs mos ss.  (Signed) - yrs mos
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos ds. State yrs, mos. ds. Where was disease contracted, it not at place of death?
(Address) Rowellshury It no.  16 Filed EB 28 1914 Flavoureght REGISTRAN  If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERPARER ADDRESS  Par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The questlon been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

Injury, as fracture of skull, and consequences (e.g., scpsis, tetanus) may be stated under the head of LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmla," "Weakness," "Heart failure," "Hacmorrhage," "Inanitlon," "Maras thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

OCCUPATION RECORD PERMANENT ATH in ptain instructions DEATH 0 OF Important. CAUSE

11 BIRTHPLACE

OF FATHER (State or county

12 MAIDEN NAME

OF MOTHER (State or country

OF MOTHER

PARENT

15

Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No I'lf death occurred la a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, HOT 3 SEX DATE OF DEATH 4 COLOR OR RACE WIDOWED, (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE 6,30 Pm If LESS than 1 day, .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work X (b) Deneral nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory State or country) Secondary 10 NAME OF FATHER (Signed)

tate the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 15 ds. State yrs. mod. ds

Where was disease contracted, If not at place of death?

Former or usual esidence.

18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 SNDERTAKER

ABDRESS

st My KNOWLEDGE ban Wal

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

nklin St., Balto., Requesting

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Forcman," material worked on may form part of the second additional line is provided for the latter statement; eases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the msease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) sepsis, tetanus) ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 8 1914

TURTAU. V. S.

RECORD RMANENT UNFADING WRITE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. If death occurred in St.;....Ward) a hospital or institution, give Ifa NAME tostead of street and number.] 2FULL NAME. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified (Day (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day .....hrs. The CAUSE OF OR ..... ? proper 6 OCCUPATION (a) Trade, profession, or parficular kind of work... (b) General nature of industry, business, or establishment in Inppli Se y which employed (or employer) -----certificate. Contributory.... 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 50 back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT On. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME ATH in plain Instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted. 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE If not at place of death? P Z Former or (Informanf) ---9 usual residence Important, 19 PLACE OF BURIAL OR REMOVAL ls1 DATE OF BURIAL Every (Address).---15 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemile cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pucumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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V. S. No. 1.

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	RECORD	PHYSICIANS &
שאיפון אבים דיסר פון איני איני איני איני איני איני איני אינ	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.		CAU

	PLACE OF DEATH  1183  anty Allegany  age or City Barton (No. 1)  2FULL NAME Peter Wels	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  MARRIED, Manuel  White Widowed,  OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH  Linkerum about, 1812.		Jan 18 1 HEREBY CERTIFY, That I attended deceased from Jan 1914, to Fish 1 st 1914, that I last saw home alive on Fish 1 st 1914
(Month) (Day (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?		and that death occurred on the date stated above, at 4-30 P.m. The CAUSE OF DEATH* was as follows:  Bronch Premonics
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Pulcus		(Duration) yrs mos ds.  Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) Include  12 MAIDEN NAME OF MOTHER (State or country) Include  13 BIRTHPLACE OF MOTHER (State or country) Include  (State or country) Include  (Informant) Include  (Informant) Include  (Address) Western Include  (Address) Include  (Address) Registrar		(Signed) (Buration) yrs mos ds.  (Signed) (Address) (Buration , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs ds. State yrs ds  Where was disease contracted, If not at place of death?  Former or usual residence.
		19 PLACE OF BURIAL OR REMOVAL  Strate Cerusty Westings Feb 4th 1914  20 UNDERTAKER  B. B. Boal  Barton h. d.  trar, 6 E. Franklin St., Balton, Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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Z RECORD 000 statement PERMANENT ciassified. properly supplied. pe may certifica that 80 ō back piain = EATH 6 0 OF important. CAUSE 8

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No It death occurred in a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MARRIED, SZZZ 5 SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED, (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 10 ch m. 1 day, .....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary 10 NAME OF FATHER (Address). 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the At place OF MOTHER State ..... yrs. .... of death ...... yrs. ..... mos. ...... ds. Where was disease contracted, if not at place of death? Former or (Informant)= usual residence DATE OF BURIAL 20 UNDERTAKER REGISTRAR Frestburg Furniture & Undertaking C

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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1		should state
	RECORD	PHYSICIANS of OCCUPAT
MARGIN ACCEPTAGE TO	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.	WRITE PLAINLY, WITH	N. B.—Every Item of information should be carefully sup CAUSE OF DEATH in piain terms, so that it ma Important. See instructions on back of certificate.

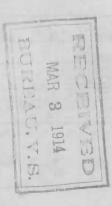
PLACE OF DEATH 1185  County all frame (No. 12. 2)  PULL NAME ASSAULT	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL SERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIEO, WIDOWED, WIDOWED, OR DIVORCEO (Write the word)  8 DATE OF BIRTH	18 DATE OF DEATH  (Month)  (Day  (Year)  17 Pl  HEREBY CERTIFY, The attended deceased from
(Month) (Day (Year)  7 AGE  (Month) (Day (Year)  1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at # 7 m  The CAUSE OF DEATH* was as follows:  Burns I face arms & Grey  Other free feet of Brief of green and the stated above, at # 7 m
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. 10 %
10 NAME OF FATHER COARL MAIN OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed). Jol Galler., M. D. Address) Jol Galler.  *State the Disease Causing Death, or, in deaths from Violent Causen, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds  Where was disease contracted, If not at place of death?  Former or
(Address). Caralan Caralan  16 F E B 2 1 1914 Filed. REGISTRAR  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Trap 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of ago tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid") pneumonia, unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonagum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopucumonia (secondary), 10 ds. sepsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or mlscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds., "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichac-The nature of the Never report



PHYSICIAN RECORD PERMANENT UNFADING back PLAINLY ATH in plain instructions DEATH OF mportant. CAUSI

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#### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred la a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. (Month) (Day ORDIVORCED 17 I HEREBY CERTIFY. That I attended decessed from OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death .... yrs. \_\_\_ mos. Where was disease contracted If not at place of death Former or usual residence 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of ago. CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf deeth occurred in Villags or City St.:---Ward) a hospital or Institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH 191.5 WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE It LESS than 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Duration) yrs 7 mos ds 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

(Signed) Jany to Jana Pul 27 1, 191 4. (Address) Lona	loving, M. D.		
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Old Coney Cometery	PACE OF BURIAL		
120 UNDERTAKER OCCUPANT	Longcoing my		
trar, 6 E. Franklin St., Balto., Requesting V.	S. No. 1.		

If more blanks are needed, address State Regis

MY KNOWLEDGE

OF MOTHER (State or country)

16

14 THE ABOVE IS TRUE TO THE BEST OF



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